U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Telephone Number

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This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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Form LM-30 (2003)

1. File Number U- 3452

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / /- / 12 /2 / 2 / 2 / 2			
NIA	1 /1 /2004 Through: 12/31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name CAERARO BATILE	Name / Am & Aw 112768			
	Labor Organization File Number 5/8 -/73			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4113 HERALD DR	Street 555 GNANTS LANT			
City GARLAND	City FORT WORTH			
State TEXA 5 ZIP Code + 4 75003	3-6047 State TEXAS ZIP Code + 4 76108			
5. Position in labor organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name A A A A A A A A A A A A A A A A A A A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
	er penalty of Perjury and other applicable penalties of the law, that all of the information accompanying documents), has been examined by the signatory and is, to the best of the (See the section on penalties in the instructions.) On 7/11/2655 972-496-0808			

Name of Person Filing	GERALD	BATILE	File Number U-	N/A 3852

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bklg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer or Consultant ?